Fill in this in	formation to identify your case:				nly as d	irected in this form and	in Form
Debtor 1	Mark Szuszkiewicz		122	2A-1Supp:			
Debtor 2 (Spouse, if filing				1. There is	no pres	umption of abuse	
United State	es Bankruptcy Court for the: Southern Dis	strict of New York		applies	will be n	o determine if a presurnade under <i>Chapter 7</i>	
Case numb (if known)	er			☐ 3. The Mea	ns Test	icial Form 122A-2). does not apply now be service but it could ap	
						n amended filing	<u> </u>
Official	Form 122A - 1		•	_ 01100K ii t	1110 10 4	ir amonaca ming	
	er 7 Statement of Your	Current Month	lv Inc	ome			04/20
attach a sepa case number	ete and accurate as possible. If two married per grate sheet to this form. Include the line numb (if known). If you believe that you are exempt litary service, complete and file Statement of a Calculate Your Current Monthly Income	er to which the additional inf ed from a presumption of ab Exemption from Presumption	ormation a use becaus	pplies. On the se you do not l	top of ai	ny additional pages, writ narily consumer debts o	te your name and or because of
1. What	is your marital and filing status? Check of	one only.					
■ No	t married. Fill out Column A, lines 2-11.						
□Ма	rried and your spouse is filing with you.	Fill out both Columns A an	d B, lines	2-11.			
☐ Ma	rried and your spouse is NOT filing with	you. You and your spous	se are:				
	iving in the same household and are no	t legally separated. Fill ou	t both Col	umns A and E	3, lines 2	2-11.	
	Living separately or are legally separated penalty of perjury that you and your spouse living apart for reasons that do not include	e are legally separated unde	er nonbanl	kruptcy law th	at applie	es or that you and your	
101(10A). the 6 mon	average monthly income that you received from For example, if you are filing on September 15, the thing, add the income for all 6 months and divide the thing the same rental property, put the income from	he 6-month period would be Ma ne total by 6. Fill in the result. D	arch 1 throu o not includ	igh August 31. I le any income a	f the amo	ount of your monthly incomore than once. For examp	ne varied during le, if both
				Column A Debtor 1		Column B Debtor 2 or non-filing spouse	
	gross wages, salary, tips, bonuses, over I deductions).	time, and commissions (b	efore all	\$	0.00	\$	
3. Alimo	ny and maintenance payments. Do not in	clude payments from a spo	ouse if	\$	0.00	\$	
	n B is filled in. nounts from any source which are regula	arly naid for household ex	mansas	Ψ	0.00	Φ	
of you from a and ro	or your dependents, including child sup n unmarried partner, members of your hous ommates. Include regular contributions from n. Do not include payments you listed on lin	pport. Include regular conti sehold, your dependents, p m a spouse only if Column	ributions arents,	\$	0.00	\$	
	come from operating a business, profes					·	
		Debtor 1					
Gross	receipts (before all deductions)	\$ 343.67	_				
	ary and necessary operating expenses	-\$ 136.83	_				
	onthly income from a business, sion, or farm	\$ 206.83	Copy here -> 9	\$ 20	6.83	\$	
6. Net in	come from rental and other real property	Debtor 1			_		
Gross	receipts (before all deductions)	\$0.00					
Ordina	ary and necessary operating expenses	-\$ 0.00		_			
Net me	onthly income from rental or other real prop	erty \$ <u>0.00</u> Cop	y here ->		0.00	\$	
7. Intere	st, dividends, and royalties			\$	0.00	\$	

Official Form 122A-1

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Debto	1 Mark Szuszkiewicz			Case number	(if known)			
				Column A Debtor 1		Column B Debtor 2 o		
8.	Unemployment compensation			\$	640.00	\$		
	Do not enter the amount if you contend that the amount rethe Social Security Act. Instead, list it here:	ceived was a bene	fit under					
	For you \$	0.	.00_					
9.	Pension or retirement income. Do not include any amou benefit under the Social Security Act. Also, except as state not include any compensation, pension, pay, annuity, or all United States Government in connection with a disability, of disability, or death of a member of the uniformed services. pay paid under chapter 61 of title 10, then include that pay does not exceed the amount of retired pay to which you will retired under any provision of title 10 other than chapter of	nt received that wa ed in the next sente lowance paid by the combat-related injulif you received an only to the extent buld otherwise be	ence, do ne iry or y retired that it	\$	0.00	\$		
10.	Income from all other sources not listed above. Specif Do not include any benefits received under the Social Secunder the Federal law relating to the national emergency dunder the National Emergencies Act (50 U.S.C. 1601 et se coronavirus disease 2019 (COVID-19); payments received crime, a crime against humanity, or international or domes compensation pension, pay, annuity, or allowance paid by Government in connection with a disability, combat-related death of a member of the uniformed services. If necessary separate page and put the total below	urity Act; payments leclared by the Pre eq.) with respect to d as a victim of a w tic terrorism; or the United States I injury or disability	s made esident the ear					
	·			\$	0.00	\$		
				\$	0.00	\$		
	Total amounts from separate pages, if any.		+	\$	0.00	\$		
11.	Calculate your total current monthly income. Add lines each column. Then add the total for Column A to the total to		\$	846.83	+		= \$	846.83
Part	2: Determine Whether the Means Test Applies to Y	ou ou					incon	
12.	Calculate your current monthly income for the year. Fo	ollow these steps:						
	12a. Copy your total current monthly income from line 11	·		Сору	y line 11 h	ere=>	\$	846.83
	Multiply by 12 (the number of months in a year)						X	12
	12b. The result is your annual income for this part of the fo	orm				12b	. \$	10,161.96
13.	Calculate the median family income that applies to you	J. Follow these ste	ps:					
	Fill in the state in which you live.	NY						
	Fill in the number of people in your household.	1						
	Fill in the median family income for your state and size of h To find a list of applicable median income amounts, go onl for this form. This list may also be available at the bankrup	ine using the link s	specified i	n the separa	ate instruct	13. ions	\$	57,137.00
14.	How do the lines compare?							
	 Line 12b is less than or equal to line 13. On the Go to Part 3. Do NOT fill out or file Official Fol Line 12b is more than line 13. On the top of part 14b. 	rm 122A-2.						1221-2
D	Go to Part 3 and fill out Form 122A–2.	ago i, olicok bux 2	., Trie pre	σαπράσει θε	anuse 15 (iotominieu Dj	, i Oilli I	<i></i>
Part		at the information	n thin =1-	tomont ====1	in any -#-	ohmonto in t	110 05 -1	oorroot
	By signing here, I declare under penalty of perjury that	al the information o	ni this sta	ternent and	ın any atta	onments is tr	ue and (соггест.
	X /s/ Mark Szuszkiewicz							

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	•		
Debtor 1	Mark Szuszkiewicz	Case number (if known)	
	Signature of Debtor 1		
Da	September 29, 2020 MM / DD / YYYY		
	If you checked line 14a, do NOT fill out or file Form 122A-2.		
	If you checked line 14b, fill out Form 122A-2 and file it with this form.		

Current Monthly Income Details for the Debtor

Debtor Income Details:

Income for the Period 03/01/2020 to 08/31/2020.

Line 5 - Income from operation of a business, profession, or farm

Source of Income: Self Employed Uber/Lyft Driver

Income/Expense/Net by Month:

	Date	Income	Expense	Net
6 Months Ago:	03/2020	\$2,062.00	\$821.00	\$1,241.00
5 Months Ago:	04/2020	\$0.00	\$0.00	\$0.00
4 Months Ago:	05/2020	\$0.00	\$0.00	\$0.00
3 Months Ago:	06/2020	\$0.00	\$0.00	\$0.00
2 Months Ago:	07/2020	\$0.00	\$0.00	\$0.00
Last Month:	08/2020	\$0.00	\$0.00	\$0.00
_	Average per month:	\$343.67	\$136.83	
			Average Monthly NET Income:	\$206.83

Line 8 - Unemployment compensation (included in CMI)

Source of Income: Unemployment Benefits

Income by Month:

6 Months Ago:	03/2020	\$0.00
5 Months Ago:	04/2020	\$768.00
4 Months Ago:	05/2020	\$768.00
3 Months Ago:	06/2020	\$768.00
2 Months Ago:	07/2020	\$768.00
Last Month:	08/2020	\$768.00
	Average per month:	\$640.00